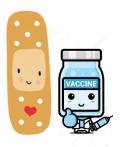




COVID-19 Vaccine Administration Record & Screening for

Pfizer Maroon Cap **MONTHS through 4 YEARS OLD**



Information collected on this form will be used to document authorization for receipt of vaccines. The information may be shared through the Wisconsin Immunization Registry (WIR) for the purpose of maintaining a complete, accurate record and with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is confidential. **Please Print.**

Child's Nan	ne: Last:		 	rst:				MI:	
		Drinte d				<u> </u>			
Mother's Maiden Name: Printed name of person filling out consent:									
Age: Weight (lb):Date of Birth: m: day: yr: Gender: Male Female Other									
Ethnicity: [☐ Hispanic ☐ Non-His	panic Race: Black/	/ African American	America	an Indian	☐ Asian ☐	White [] Other	Race
Questions for parents consenting their child receive vaccine							Yes	No	
1. Is you	Is your child sick today? (fever, cough, shortness of breath, nausea/vomiting in the last 24 hours)								
	as your child received a previous COVID-19 vaccine? Be prepared to show card/documentation ate(s)								
or that distre • A su • Po • A	 or that caused you to go to the hospital, or that caused hives, swelling, wheezing, or respiratory distress to any of the following: A COVID-19 vaccine component (including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures)? Polysorbate (which is found in some vaccines, film coated tablets, and IV steroids)? A previous dose of COVID-19 vaccine, another vaccine, or injectable medication? List: 								
4. Has your child been diagnosed with Multisystem Inflammatory Syndrome (MIS-C)? (if yes, defer vaccination and refer to person's health care provider for further discussion/evaluation.)									
5. Does your child have a history of myocarditis or pericarditis? (if yes, defer vaccination and refer to person's health care provider for further discussion/evaluation.)									
6. Is you	6. Is your child currently in isolation or quarantine period due to COVID-19?								
read, or have were answer Authorization the filler injec in a public loo on risk factor	ered the above questions to had explained to me, infect to my satisfaction. I use from the FDA. I understation (usually face/lips) and cation. I have been made s. I understand the benetationed/Signature and restand the second	formation about the disection about the benefits and that if my child has had will contact my health care aware of the appropriate of the and risks of the value	ases and the vaccine and risks of my child ad a dermal filler, he/s are provider if swelling e time my child is exp ccine requested and	to be receiving he may explored to be develops. ected to be ask that t	eived. I have a vaccine to perience to learn to learn to learn to learn to learn to learn the vaccine waccine vaccine	ve had a chan e approved un emporary swel to having my d for post-vac e be given to	ce to ask nder an E lling at or child rece cination r	question mergend near the eive the vi- eactions	ns that by Use site of accine based
PRIMARY SERIES: Dose 1 Dose 2 Dose 3									
		For Vaccina	ator/Office Use (Rev.	6/29/22)					
Vaccine	Site	Trade name/Mar	nufacturer Lot Numbe	er	Expirat	tion Date		Dose	
COVID-19	RD LD RVL LVL							0.2ml	
Signature a	and Title – Person Admir	nistering Vaccine:				Da	ate:		
Entered into WIR by:									